

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2012 JUL -9 AM 10:25
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5C MAIL CENTER

ELECT ELAINE MASTROMATTEO

ADDRESS (number and street)

16077 STATE ROUTE 45

☐ Check if different
than previously
reported. (ACC)

BRISTOLVILLE

OH

44402

2. FEC IDENTIFICATION NUMBER ▼

C00512376

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT

☒ NEW
(N)

OR

☐ AMENDED
(A)

OH

14

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☒ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

MM / DD / YYYY

in the
State of

(c) 30-Day POST-Election Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

MM / DD / YYYY

in the
State of

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MICHAEL MASTROMATTEO

Signature of Treasurer

Michael Mastromatteo

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
(Revised 02/2003)